

**Addendum to Application/Registration
for Wisconsin Works (W-2) Services, Caretaker Supplement (CTS),
Child Care Assistance, Medicaid/Healthy Start, and FoodShare Wisconsin**

Read the following statements carefully. Ask about any statements you do not understand. This form is part of your application; you may ask your worker for a copy of the application. Keep this Addendum with your important papers, and review it when changes occur.

REPORTING CHANGES

I understand the change reporting requirements below:

Wisconsin Works (W-2), Caretaker Supplement, and Elderly, Blind and Disabled Medicaid

Report to the agency **within 10 days**:

- Any changes in income or assets of any member of my household, AND
- Any other change in the information I have given on my application that is required to be reported in the "Rights and Responsibilities" pamphlet or the Medicaid Change Report form.
- I understand that I must report in five (5) days if a child included in my W-2 or Caretaker Supplement group is no longer under my care and custody.

Family Medicaid

Report to the agency **within 10 days**:

- Any changes in **income** of any member of my household, AND
- Any other change in the information I have given on my application that is required to be reported on the Medicaid Change Report form.

FoodShare Wisconsin

If all household members are elderly, blind or disabled and no one has any earned income, report to the agency within 10 days:

- Any new employment.
- An increase in total child support income of more than \$100 per month.
- An increase in total other unearned income of more than \$50 per month.
- An increase in assets which results in total assets exceeding \$3000.
- If a person moves in or out of the household.
- Any change in my address and resulting change in my shelter costs.
- Any change in the legal obligation to pay child support.

All other FoodShare recipients must report to the agency by the 10th of the month following the change:

- Total gross monthly income that exceeds 130% of the Federal Poverty Level for the reported household size

Household Size	130% FPL	Household Size	130% FPL
1	\$ 1,037	6	2,803
2	1,390	7	3,156
3	1,744	8	3,509
4	2,097	9	3,863
5	2,450	10	4,217

I understand that for all programs if I fail to report changes, I may be prosecuted for fraud and/or I will be responsible to repay any benefits I receive in error. To report a change, I understand I can use a Change Report form or I can contact my worker by phone, in person, or in writing.

Child Care Assistance

Report to the authorizing agency **within 10 days**:

- Any changes in income of any member of my household.
- Any other change in the information I have given on my application and that is required in the "Rights and Responsibilities" pamphlet.
- Any change in hours requested for child care.
- Any change in a child care provider.
- When employment has ended for any member of my household.

WISCONSIN WORKS (W-2) SERVICES

I understand that W-2 is a work-based program that offers placement into an employment position. If I am unable to work full-time, I may be assigned to other activities within my capabilities and family responsibilities. I understand that if I am already employed or looking for employment, W-2 may help me pay for child care costs or get a Job Access Loan. W-2 encourages me to look for a job on my own and may provide case management services to help me find a job. I understand that I must do activities assigned to me while my application is pending and apply for other forms of assistance such as Unemployment Insurance or Supplemental Security Income (SSI) as required. If I am approved for a W-2 employment position, my placement is determined by my employment history and job readiness. I understand my W-2 payment may be reduced or terminated if I refuse or miss assigned hours without good cause. I understand that W-2 payments are subject to a 60-month time limit during my family's lifetime. I understand that I can refer to the W-2 Participation Agreement for more information on W-2 participation requirements.

W-2 LEARNFARE

I understand that in order to be eligible for W-2, children ages 6 through 17 are subject to Learnfare. Learnfare requires my child(ren) to be enrolled in school. In addition, any child(ren) who is a habitual truant, a dropout, a minor parent, or not enrolled in school is required to participate in Learnfare case management services. Not complying with the school enrollment requirement or mandatory case management requirement without good cause will result in a \$50 penalty per child per month. The maximum penalty is \$150 per household per month. I understand I can refer to the W-2 Participation Agreement for more information on Learnfare participation requirements.

FOODSHARE EMPLOYMENT AND TRAINING PROGRAM

I understand by signing the application form I have registered myself and all persons included in my FoodShare group with the FoodShare Employment and Training Program. I understand that I can refer to the FoodShare Wisconsin Eligibility and Benefits Participant Handbook for more information.

- Anyone in my FoodShare group who is required by state and federal law to participate in the FoodShare Employment and Training Program will be referred to the program. If exempt, I will not be required to participate.
- I will be notified if anyone in my household is referred to the FoodShare Employment and Training Program.
- Anyone in my FoodShare group who is not required to participate in the FoodShare Employment and Training Program may volunteer by telling the worker.
- If anyone who is required to participate in the FoodShare Employment and Training Program fails or refuses to do so without good cause, the FoodShare benefit may be reduced or terminated.

CITIZENSHIP

I and all other persons living in my household and applying for aid are citizens or nationals of the United States or are in a satisfactory immigration status. I understand that the immigration status of any person in my household applying for benefits will be verified with the United States Citizenship and Immigration Services (USCIS). Information from USCIS may affect my household's eligibility and amount of benefits. Immigration status will not be verified with USCIS for people in my household who are not applying for assistance.

CHILD SUPPORT COOPERATION

I understand that I must cooperate with the Child Support Agency by helping to locate absent parents, legally naming the absent parent and/or enforcing child support orders if I am requesting W-2, Child Care Assistance, FoodShare Wisconsin, Caretaker Supplement or Medicaid for a child with an absent parent. Failure to cooperate with the Child Support Agency without good cause may result in termination or a reduction in benefits.

OTHER MEDICAL COVERAGE

I understand that as a condition of Medicaid eligibility, I must report to the agency any third party who may be liable to pay for medical care for me and my family. I must cooperate by giving information as requested. This also includes any insurance that may be available through an absent parent or an employee's group health insurance.

RECOVERY OF MEDICAID

I understand that Wisconsin state law provides for the recovery of certain Medicaid benefits I receive while age 55 or older and residing in the community. I understand that the law also provides for the recovery of all Medicaid benefits I receive while I am a resident in a nursing home and while I am an inpatient in a hospital for 30 days or more. I also understand that under limited circumstances a lien may be placed on my home for benefits I receive while I am residing in a nursing home if I am unlikely to return home and my spouse (or minor/disabled son or daughter) does not live in the home.

WISCONSIN WORKS (W-2) FACT FINDING

I understand that I may request a Fact Finding by writing to the W-2 agency if I do not agree with the agency's decision regarding my W-2 application, placement in a W-2 employment position, other ongoing W-2 services, recoupment for an overpayment or Emergency Assistance. I understand that I must request the Fact Finding within 45 days from the date I am notified of the decision or within 45 days from the effective date of the decision whichever is later. A W-2 fact finder will hold a meeting to review the action and send me a decision in writing. The W-2 agency is also available to hear Equal Opportunity Employment and services concerns.

FAIR HEARING

MEDICAID, FOODSHARE WISCONSIN, CARETAKER SUPPLEMENT and CHILD CARE

I understand that I have the right to request a Fair Hearing if I do not agree with the agency's decision regarding an overpayment, my application or ongoing benefits for Medicaid, Caretaker Supplement, FoodShare or Child Care Assistance. I understand that I can ask for a Fair Hearing by writing to: Division of Hearings and Appeals, P. O. Box 7875, Madison, WI 53707-7875. I may also contact the office where I applied and ask for assistance with filing a Fair Hearing request. I understand that I can refer to the Fair Hearing Pamphlet or my Notice of Decision for more information on the fair hearing process.

USE OF SOCIAL SECURITY NUMBER/PRIVACY ACT STATEMENT

I understand that providing the information requested in this application, including the Social Security Number (SSN) of each household member is voluntary. I understand that I must, by federal law*, give the agency the SSN for all household members applying for benefits. Failure to provide Social Security Numbers for those applying will result in a denial of benefits. Any Social Security Numbers that are provided will be used and disclosed in the same manner as Social Security Numbers of eligible household members.

My SSN, as well as other information I give the agency, is subject to verification by federal, state and local officials for FoodShare Wisconsin, Medicaid, W-2, Child Care and Caretaker Supplement Programs and other federal assistance and state programs, such as the School Lunch Program. The Income and Eligibility Verification System and other computer matching is used for verification. This computer matching is used to verify information with the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and Department of Transportation. The agency may also submit this information to the United States Citizenship and Immigration Services and other agencies for verification. The SSNs are also used to check the identity of household members through program reviews or audits to prevent duplicate participation, and to make sure my household is eligible for assistance. The agency may contact my household's employers, banks or other parties.

I understand the information provided on this application will be used to determine whether my household is eligible or continues to be eligible to participate in these assistance programs. This information will be verified through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information may be disclosed to other Federal and State agencies for official examination.

I understand that knowingly providing a false SSN or other information may result in criminal or civil action and/or an overpayment of benefits which I will have to repay.

I understand that if I need assistance applying for an SSN for myself or someone in my household, I can contact the agency worker.

*42 U.S.C. 1320b-7; 7 CFR 273.6; and the Food Stamp Act of 1977 as amended, 7 U.S.C. 2011-2036

DRUG FELONY/FLEEING FELONS

I understand I must report to my worker if I have been convicted of a drug felony for an offense that happened on or after 8/22/96. If I refuse to provide this information, I may be denied W-2 services and/or FoodShare benefits. If I have been convicted of a drug felony and I am placed into a Community Service Job or W-2 Transition position, or if I am requesting FoodShare benefits, I must submit to a drug screen test. If my drug screen is positive my benefits will be reduced. If I refuse to submit to a drug screen, I may be found ineligible for W-2 services and/or FoodShare benefits.

Fleeing felons and probation/parole violators are ineligible for FoodShare Wisconsin and W-2 Programs.

I understand that information provided on this application may be provided to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

OVERPAYMENTS

I understand that I must pay back any W-2, Child Care Assistance, Caretaker Supplement or FoodShare payments I receive in error regardless of whether or not it was my fault or an error was made by the agency.

I understand that I must pay back Medicaid I receive in error under certain circumstances.

I understand that if a FoodShare claim arises against my household, the information on this application, including all SSNs, may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.

W-2 PENALTY WARNING

I understand that any member of my household who intentionally breaks any of the following rules for the purpose of getting or staying eligible for W-2 or increasing the amount of W-2 payments to the family, can cause reduction or termination of W-2 services and may result in criminal or civil action. I will be ineligible to participate for 10 years if I am found to have made a false statement or misrepresentation about my identity or residence in order to receive multiple payments at the same time. After three (3) Intentional Program Violations occur, my entire W-2 group may be permanently barred from the W-2 program. I understand that I may also be prosecuted for fraud if I intentionally make false statements to receive payments and I will be responsible for repaying benefits I received in error.

DO NOT make false or misleading statements or actions.

DO NOT misrepresent or withhold facts.

DO NOT act in a way intended to mislead or misrepresent or withhold facts.

FOODSHARE PENALTY WARNING

I understand any member of my household who intentionally breaks any of the following rules can be barred from FoodShare Wisconsin for 12 months after the first violation; 24 months after the second violation or for a first violation involving a controlled substance; and permanently for the third violation:

- Giving false information or hiding information to get or continue getting FoodShare benefits,
- Trading, selling, or altering FoodShare benefits,
- Using FoodShare benefits to buy non-food items, like alcohol or tobacco, or
- Using another person's FoodShare benefits, identification card or other documentation.

Depending upon the value of misused benefits, the individual can also be fined up to \$250,000, imprisoned up to 20 years, or both. A court can also bar an individual from the program for an additional 18 months. You will also be permanently disqualified if you are convicted of trafficking FoodShare benefits of \$500 or more. You will be ineligible to participate for 10 years if you are found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits at the same time.

Any member of your household who has used or received benefits involving the sale of any controlled substance is ineligible for 24 months after the first violation and permanently after the second. Any member of your household who has used or received benefits involving the sale of firearms, ammunition or explosives is permanently ineligible after the first violation.

NON-DISCRIMINATION STATEMENT

In accordance with Federal law and U.S. Department of Agriculture and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write:

USDA

Director, Office of Civil Rights
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410
Or call (800) 795-3272 (voice)
Or (202) 7206382 (TTY)

OR

HHS

Director
Office for Civil Rights, Rom 506-F
200 Independence Avenue, S.W.
Washington, D.C. 20201
Or call (202) 619-0403 (voice)
Or (202) 619-3257 (TTY)

USDA and HHS are equal opportunity providers and employers.

Department Workforce Development and Department of Health Family Services are equal opportunity employers and service providers. If you have a disability, you have the right to request this information through a sign language interpreter or in an alternate format. If you do not speak or read English, you have the right to request an interpreter or to have this information translated to another language. For Medicaid, FoodShare and Caretaker Supplement, please contact (608) 266-3465 or (888) 701-1251 TTY. For W-2, Child Care, Child Support and FSET, please contact (608) 266-0327 or (866) 275-1165 TTY (Toll Free).

For civil rights questions regarding Medicaid, FoodShare and Caretaker Supplement, call (608) 266-9372 or (888) 701-1251 TTY. For civil rights questions regarding W-2, Child Care, Child Support and FSET, please contact (608) 266-6889 or (866) 864-4585 TTY (Toll Free).